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**WIC Medical Referral for
Infants and Children**

The following medical information is required by the WIC Program. Please complete as much information as you can in order to assist your patient with the WIC Program's application process.

Applicant's Name: _____ DOB: _____

✓ Date of Exam: _____ *Medical information is valid for 60 days from date of exam.*

✓ Length/Height: _____ ✓ Weight: _____

✓ Birth Weight (if under 2 yrs. of age): _____

If applicant is 9 months or older: ✓ Hgb: _____ or ✓ Hct: _____

Please document any nutrition-related medical conditions: _____

The Virginia WIC Program provides the following formulas for infants:

Similac Advance

Similac Isomil Advance

If a special formula is needed, please complete the WIC 395 Form – Request for Special Formula. Contact your local WIC office for a copy of this form or to answer your questions. You may visit our web site to print the WIC 395 Form in your office: www.vahealth.org/wic/WICform395.pdf

- You must bring with you:
proof of income, such as pay stubs, Medicaid card, Food Stamp letter
proof of identity, such as your baby's crib card, social security card or your driver's license
proof of residency, such as a utility bill or other item with your name and street address
shot record, listing all shots given to child by doctor, clinic, or medical facility
- You must bring your child if the appointment is for him or her.***
- If your child, has been to the doctor within 60 days prior to this scheduled appointment, please have your doctor complete this form. Thank you.

**USDA regulations specify that formula issued to infants from birth through 12 months of age must be a COMPLETE formula, not requiring the addition of any ingredient other than water prior to being served in the liquid state and must contain at least 10mg of iron per liter of diluted formula.*

✓ Health Facility: _____ Phone: _____

Address: _____ Zip Code: _____

Physician's Signature: _____

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH



WIC PROGRAM
Virginia Beach, Virginia

Requirements needed to apply to the WIC Program:

1. **MEDICAL REFERRAL FORM**
This form is available at the WIC office. You must be seen by a doctor in order to have the current height, weight and bloodwork (iron level) completed. The medical information **CANNOT** be older than 60 days at the time of your WIC appointment.
2. **PROOF OF INCOME**
Please refer to list below, for acceptable forms of income. Minors must provide parent's income.
3. **PROOF OF IDENTIFICATION**
Please refer to the list below, for acceptable forms of identification.
4. **PROOF OF RESIDENCY**
Driver's license, utility statement, apartment lease
5. **WIC ID FOLDER**
If you or any member of your immediate family are currently on the WIC Program or have been on the WIC Program in Virginia Beach before, please bring the WIC ID Folder to your appointment.
6. **IMMUNIZATION RECORD**
Shot record is required for all infants and children applying for WIC.
7. **APPLICANT: The person applying for WIC benefits must be present at time of the appointment.**

Types of Appointments available:

MATERNITY	Contact the nearest WIC office to obtain information on Maternity appointments. You must have current height, weight, and iron level to apply for WIC benefits.
INFANTS (birth to 11 months)	Are seen by scheduled appointment only. Infants, birth to 5 months of age require current height and weight only. Infants 6 to 11 months must have current height, weight, and iron level.
ALL CATEGORIES	This group includes Breastfeeding women, Post Partum women, Infants and Children (1-4 years of age). You must schedule an appointment. A medical referral form must be completed by the doctor with the current height, weight and iron level, prior to the WIC appointment.

All WIC appointments take approximately 2-3 hours. Please be prepared to wait.

Proof of Income:

- * Pay Stubs - provide the most recent paystub with "Year to Date" income listed
- * Employer's written statement regarding weekly, monthly or annual gross income
- * Unemployment notice for VEC (Virginia Employment Commission)
- * Letter of Termination/Layoff notice from previous employer
- * Statement of Social Security benefits or other benefits for any family member
- * Military LES (Leave and Earnings Statement)
- * Foster Care statement from Social Services
- * Food Stamps - Letter of Eligibility (with case number and amount)
- * AFDC (TANF) check stub
- * Medicaid/Medicaid HMO Card for current month
- * Free or reduced school lunch - Letter of eligibility
- * Minors must provide parent's income to determine eligibility

Proof of Identification:

INFANT/CHILD:

- *Birth Certificate
- *Baptismal record
- *Passport/Visa
- *Medical/Hospital record
- * Crib card bearing child's name and date of birth
- * Hospital or clinic record
- * Social Security Card
- * AFDC/Welfare Photo ID
- * Proof that mother is on WIC (WIC ID folder)

WOMEN:

- * Birth certificate
- * Driver's License
- * Passport/Visa
- * Immigration or Naturalization Record
- * Marriage Certificate or license
- * Medical/Hospital record or chart
- * School records
- * Military Records/Military ID/Military discharge papers
- * Social Security Card
- * AFDC/Welfare photo ID card or copy of letter from Social Services stating amount of AFDC payments
- * Valid Medicaid Card or Medicaid HMO card